

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)							SERIAL NO.	FILING DATE
							APPLICANT(S)	
11/18/04 CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1							
2		1						
3		1						
4		1						
5		1						
6		1						
7	1							
8		1						
9		2						
10		2						
11		2						
12		2						
13		2						
14		2						
15		2						
16		2						
17		2						
18		2						
19		2						
20		2						
21		2						
22		2						
23	1							
24		1						
25		1						
26		1						
27	1							
28		5						
29		5						
30		5						
31		5						
32		5						
33		5						
34		5						
35		5						
36		5						
37		5						
38	1							
39		1						
40		1						
41		1						
42		1						
43		1						
44		1						
45		1						
46		1						
47		1						
48		1						
49		1						
50		1						
51		6						
52		6						
53		6						
54		6						
55		6						
56		6						
57		6						
58		6						
59		6						
60		6						
61		1						
62		1						
63		1						
64		1						
65		1						
66		1						
67		1						
68		1						
69		8						
70		8						
71		8						
72		8						
73		8						
74		8						
75		8						
76		8						
77		8						
78		8						
79								
80								
81								
82								
83								
84								
85								
86								
87								
88								
89								
90								
91								
92								
93								
94								
95								
96								
97								
98								
99								
100								
TOTAL IND.	5						4	
TOTAL DEP.	99						138	
TOTAL CLAIMS	104						142	